

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/889223**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		3		1			55						
6		3		1			56						
7		3		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		1		1			65						
16		1		1			66						
17		3		1			67						
18		3		1			68						
19		3		1			69						
20	1		1				70						
21	1		1	1			71						
22	1		1	1			72						
23		1		1			73						
24	1		1				74						
25		1		1			75						
26	1		1				76						
27	1		1				77						
28		1		1			78						
29	1			1			79						
30		1		1			80						
31		1		1			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		36	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓	25	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			31				TOTAL CLAIMS						